

12/15/23

(1) PLACE OF BIRTH

County of Pickens.....

Township of Easley.....

or
Inc. Town of.....or
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1—For State Registrar Only
33567

Registration District No. 2702 Registered No. 74

(For use of Local Registrar)

(2) Full Name of Child Carevorn Bowen

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL boy	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? yes	(7) DATE OF BIRTH Sept. 8, 1923 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME
O'Dell Bowen(9) PRESENT POSTOFFICE OF FATHER
Easley, S.C.(10) COLOR OR RACE
col.(11) AGE AT LAST BIRTHDAY... (?) 27
(Years)(12) BIRTHPLACE
S.C.(13) OCCUPATION
Laborer(14) Number of children born to mother, including present birth
2 (?)

MOTHER.

(14) NAME BEFORE MARRIAGE
Cassie Bowen(15) PRESENT POSTOFFICE OF MOTHER
Easley, S.C.(16) COLOR OR RACE
col.(17) AGE AT LAST BIRTHDAY... (?) 23
(Years)(18) BIRTHPLACE
S.C.(19) OCCUPATION
Laborer(21) Number of children of this mother now living, including present birth
2 (?)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma Bowen Midwife
(24) State whether Physician or Midwife(25) Address of Physician or Midwife
Easley, S.C., R.F.D.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Oct. 15, 1923. (28) E. E. Wyatt
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.